
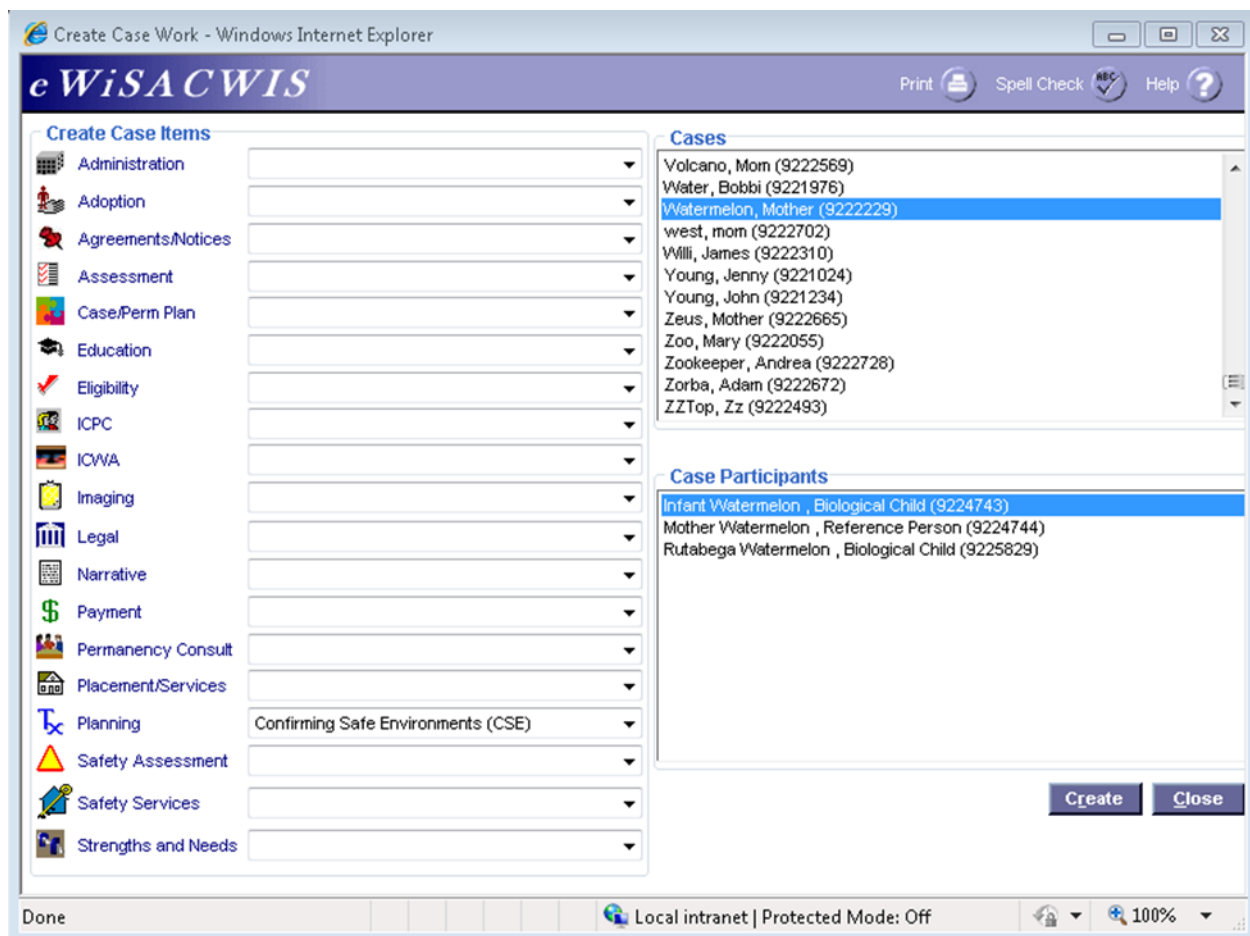


Confirming Safe Environments

Note: In order to create a Confirming Safe Environments (CSE), an assignment to the case is needed.

Note: There are three different types of CSEs: Licensed Foster Homes, Unlicensed Placements, and Group Homes and Residential Care Centers (RCCs). In order to create a CSE, the following 3 steps are the same for each type of CSE.

1. From the desktop, go up to Create > Case Work or click the Case Work hot button . This will open the Create Case Work page.
2. On the Create Case Work page, select Confirming Safe Environments (CSE) from the Planning drop-down. Select the appropriate case and case participant. Click the Create button. This will open the Placement Selection page.



3. On the Placement Selection page, select the placement to associate the Confirming Safe Environments to. Each record in the Placement Selection group box indicates the Provider Name, Placement Begin Dates, Placement End Date, and if the CSE has already been completed. Click the Create button to open the Confirming Safe Environments page.

Note: The Confirming Safe Environments Selection group box will display when a selection is made in the Placement Selection group box and an associated CSE for that provider has been made in error. Select the View hyperlink to view the CSE that has been made in error. Select the Copy hyperlink to create a copy of the made in error CSE or choose the Create button to create a new CSE record.

The screenshot shows a web browser window titled "Placement Selection - Windows Internet Explorer". The page header for "eWiSACWIS" includes a "Print" button, a "Spell Check" button with a checkmark, and a "Help" button with a question mark. The main content area is divided into two sections. The first section, "Placement Selection for: Infant Watermelon", contains a table with the following data:

Select	Provider Name	Placement Begin Date	Placement End Date	CSE Completed
<input checked="" type="radio"/>	Zeus Auntie	09/17/2012		No

The second section, "Confirming Safe Environments Selection", contains a text block explaining the purpose of the section and a table with the following data:

Placement Begin Date	Placement End Date		
09/17/2012	09/17/2012	View	Copy

At the bottom right of the main content area are "Create" and "Close" buttons. The browser's status bar at the bottom shows "Done", "Local intranet | Protected Mode: Off", and a zoom level of "100%".

Licensed Foster Home Placement

1. When the Confirming Safe Environments – Foster Home – Licensed page opens, the General Information group box displays a hyperlink with the child's name and person ID, which launches the Person Management page for the child, and a hyperlink with the provider's name and provider ID, which launches the related Home Provider page. The Type of Placement displays the Placement Setting and the Placement Begin Date and Placement End Date display the related fields from the associated Out of Home Placement. If the placement is currently open, the Placement End Date field is blank.
2. The first tab of the Confirming Safe Environments – Foster Home – Licensed page is the Confirming tab. This tab displays general information about the child's placement, and records information on contact and provider home visits, CANS, background checks, the provider's relationship to the child, and knowledge and skills of the placement provider. In the Confirming Safe Environments at the Initiation of the Placement group box, enter the appropriate Initial Placement Provider Contact, Initial Placement Home Visit, and Subsequent Placement Home Visit dates, enter the appropriate Initial Placement Contact and Initial Provider Home Visit dates.
3. The Child & Adolescent Needs & Strengths (CANS) group box will pre-fill from the CANS associated with the placement (if results are available).

Confirming Safe Environments - Foster Home - Licensed - Windows Internet Explorer

eWiSACWIS

TM Print Spell Check Help

General Information

Child: [Watermelon, Infant \(9224743\)](#) Provider: [Auntie Zeus \(9221625\)](#)

Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/31/2013 Placement End Date:

Confirming | Placement Danger Threats | Risk Assessment / Management

Confirming Safe Environments at the Initiation of Placement

Initial Placement Provider Contact: 00/00/0000 Initial Placement Home Visit: 00/00/0000 Subsequent Placement Home Visit: 00/00/0000

Child & Adolescent Needs & Strengths (CANS) (if results are available)

Child's Assessed Level of Need (LON): 1/2 Provider Level of Care (LOC): 2 [View CANS](#)

Date of CANS: 02/01/2013 Child/Provider Match: LON matches LOC

Describe below:

[More...](#) [Less...](#) [Default](#)

Background Checks

As adult in the home has a criminal record (CAB check): C Yes C No Date Completed: 00/00/0000

Options:

100%

4. In the Background Checks group box, select the Yes or No radio button to indicate whether ‘An adult in the home has a criminal record (CCAP check)’ and enter the appropriate date in the Date Completed field. If Yes is selected, enter a narrative in the required Results and “Describe and justify why this caregiver is able to provide safe, stable care for this child.” text fields displayed.

Note: Click the [Consolidated Court Automation Programs \(CCAP\)](#) hyperlink to launch the associated website.

5. Select the Yes or No radio button to indicate if “An adult in the home has background check information.” If Yes is selected, then select the appropriate radio button to indicate whether there are concerns based on the background information.

The screenshot shows a web browser window titled "Confirming Safe Environments - Foster Home - Licensed - Windows Internet Explorer". The application is "eWiSACWIS". The top navigation bar includes links for "General Information", "Placement Danger Threats", and "Risk Assessment / Management". The "General Information" section displays: Child: [Watermelon, Infant \(9224743\)](#), Provider: [Auntie Zeus \(9221625\)](#), Type of Placement: Fstr Fam Hm (Non-Rel), Placement Begin Date: 01/31/2013, and Placement End Date: . The "Background Checks" section is active, showing: "An adult in the home has a criminal record (CCAP check):" with "Yes" selected and "No" unselected; "Date Completed:" with a date picker set to 00/00/0000; "Results:" with a link to [Consolidated Court Automation Programs \(CCAP\)](#); a large text area for "Describe and justify why this caregiver is able to provide safe, stable care for this child." with "More... Less... Default" links; and "An adult in the home has background check information:" with "Yes" selected and "No" unselected. Below this, it asks "When an adult in the home has background check information in his/her history, does the agency have concerns regarding that information?" with two radio buttons: "Concerns based on background information." (unselected) and "No concerns based on background information." (unselected). The "Provider Relationship to the Child" section is partially visible at the bottom. The footer includes "Options:" with a dropdown and a "Go" button, and "Save" and "Close" buttons. The browser status bar shows "100%".

6. In the Provider Relationship to the Child group box, select the Yes or No radio button to the question. If Yes is selected, two drop-downs are displayed to indicate the relative type. The first drop-down is not required, but the second drop-down is required.

Confirming Safe Environments - Foster Home - Licensed - Windows Internet Explorer

eWiSACWIS TM Print Spell Check REC Help ?

General Information

Child: [Watermelon, Infant \(9224743\)](#) Provider: [Auntie Zeus \(9221625\)](#)
Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/31/2013 Placement End Date:

Confirming Placement Danger Threats Risk Assessment / Management

Provider Relationship to the Child

This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats. ☒ Yes ☐ No

Relative Type:

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

[More...](#) [Less...](#) [Default](#)

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

[More...](#) [Less...](#) [Default](#)

Knowledge and Skills of Placement Provider

Does the placement provider need to acquire any special skills or knowledge to meet the needs of the child and handle the ☐ Yes ☒ No

Options: [Go](#) [Save](#) [Close](#)

100%

If No is selected, then an additional question is displayed with Yes and No radio buttons.

Provider Relationship to the Child

This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats. ☐ Yes ☒ No

If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If "Yes", describe the previous existing relationship with the child, family or child and family. ☒ Yes ☐ No

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

nbvn

[More...](#) [Less...](#) [Default](#)

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

nbvn

[More...](#) [Less...](#) [Default](#)

7. Enter appropriate narrative in the required text fields.
8. In the Knowledge and Skills of Placement Provider group box, select the Yes or No radio for the question.

9. Click on the Placement Danger Threats tab. Select the Yes or No radio button for each placement danger threat. If a placement danger threat is identified with a Yes response, then provide a narrative description in the required text field that is opened.
10. A Details flare is available next to each placement danger threat to display the definition specific to the item.

Confirming Safe Environments - Foster Home - Licensed - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

General Information

Child: [Watermelon, Infant \(9224743\)](#) Provider: [Auntie Zeus \(9221625\)](#)

Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/31/2013 Placement End Date:

Confirming Placement Danger Threats Risk Assessment / Management

Out-of-home care provider or others in the home are violent or out of control (if "Yes", describe). [Details](#) ☒ Yes ☐ No

[More...](#) [Less...](#) [Default](#)

Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider refuses to provide care (if "Yes", describe). [Details](#)

Out-of-home care provider communicates or threatens harm by other family members (if "Yes", describe). [Details](#)

Out-of-home care provider is unwelcome (if "Yes", describe). [Details](#)

Out-of-home care provider has not been screened for potentially serious harm (if "Yes", describe). [Details](#)

Child has exceptional needs or behaviors (if "Yes", describe). [Details](#)

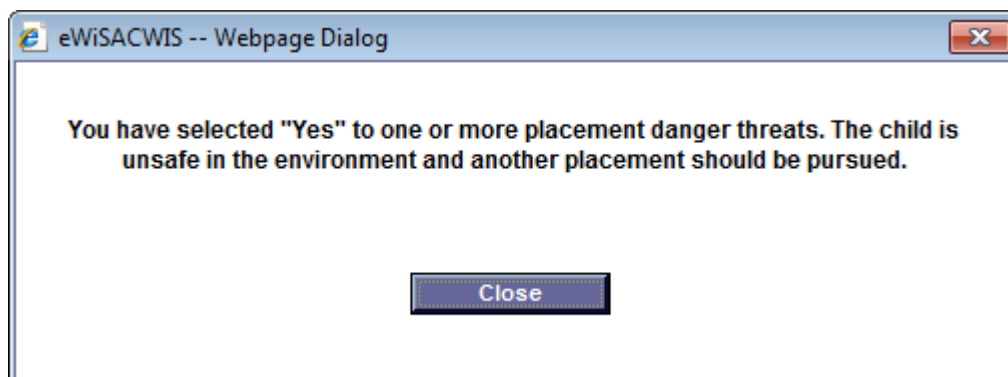
Child is profoundly fearful or anxious (if "Yes", describe). [Details](#)

Options:

The word "predominantly" is meant to suggest perceptions which are so negative they would, if present, create a threat to a child. These types of perceptions must be inaccurate with respect to the child. Although this includes both relative and foster out-of-home care providers, it is more likely to apply to those who are already familiar with the child.

- The child is seen as evil, stupid, ugly or in some other demeaning or degrading manner.
- The out-of-home care provider transfers feelings and perceptions of a person the out-of-home care provider dislikes, is hostile toward, or fears to the child.
- The child was/is unwanted in the family or placement.
- The child is considered a burden, nuisance or punishment.
- One of the out-of-home care providers is competitive with or harbors ill will toward the child because the child is or is believed to be special or favored by the other out-of-home care provider.
- The out-of-home care provider directs a pattern of profanity toward the child or repeatedly attacks child's self-esteem.
- The out-of-home care provider scapegoats the child.
- The out-of-home care provider requires the child to perform or act in a way that is impossible or improbable for the child's age or developmental level (e.g., babies and young children expected not to cry; expected to be still for extended periods; be toilet trained or eat neatly).
- Out-of-home care provider has a history of expecting other children to behave in a manner that is impossible or improbable for the child's age or developmental level.

11. A message will display on the first instance a Yes is selected on the Placement Danger Threats tab. Click the Close button to close the message.



12. When one or more placement danger threat has been selected on the page, select either Yes or No for the question, “The court continued placement despite an identified Placement Danger Threat. If Yes, describe the plan to ensure a safe environment for the child.” If Yes is selected, enter narrative in the associated text box.

Out-of-home care provider indicates the child deserved what happened in the child's home (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider will not enforce restrictions required by the protective, family interaction or safety plan (if "Yes", describe). [Details](#) ☒ Yes ☐ No

one or more danger threats identified...

[More...](#) [Less...](#) [Default](#)

A Placement Danger Threat has been selected above; please answer the following question.

The court continued placement despite an identified Placement Danger Threat. If "Yes", describe the plan to ensure a safe environment for the child. ☒ Yes ☐ No

the court continued placement...

[More...](#) [Less...](#) [Default](#)

13. Click on the Risk Assessment/Management tab. Select the Yes or No radio button for each of the behaviors for other minors in the out-of-home placement. If Yes is selected for any of the behaviors, proceed to the Risk Management Plan section.

Confirming Safe Environments - Foster Home - Licensed - Windows Internet Explorer

eWiSACWIS TM Print Spell Check ABC Help ?

General Information

Child: [Watermelon, Infant \(9224743\)](#) Provider: [Auntie Zeus \(9221625\)](#)

Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/31/2013 Placement End Date:

Confirming **Placement Danger Threats** **Risk Assessment / Management**

Other Minors in Out-of-Home Placement

Note: "Minors" include but are not limited to birth or adoptive children of the placement providers, other children in placement and children receiving day care services.

Do behaviors of other minors in the Out-of-Home Placement present a concern for this placement? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: Children are known to have a history of violence: ☒ Yes ☐ No

Describe below.

More... Less... Default

Sexually abusive behaviors: Children within the placement home are known to victimize other children physically or sexually: ☐ Yes ☒ No

Other behaviors: Children within the placement home have mental health, AODA or other behaviors (fire setting, etc.): ☐ Yes ☒ No

Do behaviors of this child present a concern for other minors in the Out-of-Home Placement? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: ☐ Yes ☒ No

Options: [Go](#) [Save](#) [Close](#)

100%

14. In the Risk Management Plan group box, check all the items that apply. If an item is checked, enter an appropriate description in the required narrative text field displayed.

Risk Management Plan
Check all that will be provided or will occur to manage risk.

☒ Additional or special training for placement providers:
Describe below.

☐ Additional contact by agency or other providers:
☐ Rearrange living environment:
☐ Closer supervision of children by caregivers:
☐ Additional house rules:
☐ Install special equipment (ramp, electrical generator, door alarm, etc.):

15. Click the Save button to save the information entered on the page.

16. To launch the associated CSE template, in the Options drop-down (from any tab), select Confirming Safe Environments (CSE). Click Go.

Confirming Safe Environments - Foster Home - Licensed - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help ?

General Information
Child: [Watermelon, Infant \(9224743\)](#) Provider: [Auntie Zeus \(9221625\)](#)
Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/31/2013 Placement End Date:

Confirming | **Placement Danger Threats** | **Risk Assessment / Management**

Confirming Safe Environments at the Initiation of Placement
Initial Placement Provider Contact: 02/01/2013 Initial Placement Home Visit: 02/03/2013 Subsequent Placement Home Visit: 02/07/2013

Child & Adolescent Needs & Strengths (CANS) (if results are available)
Child's Assessed Level of Need (LON): Provider Level of Care (LOC):
Date of CANS: Child/Provider Match:
Describe below:

Background Checks
An adult in the home has a criminal record (CCAP check): ☐ Yes ☐ No Date Completed: 00/00/0000

Options: **Confirming Safe Environments** Go Save Close

17. Click the Print icon to print the CSE template. Click the Close and Return to eWiSACWIS to close the CSE template and return to the CSE page.

**Confirming Safe Environments
Unlicensed Placements and Foster Care Placements**

Name - Child (Last, First, Middle)
Watermelon, Infant

Placement Information
Auntie Zeus, Fstr Fam Hm (Non-Rel): 01/31/2013

A. Confirming Safe Environments at the Initiation of Placement

Date - Initial Placement Provider Contact 02/01/2013	Date - Initial Placement Home Visit 02/03/2013	Date - Subsequent Placement Home Visit 02/07/2013
--	--	---

1. Child and Adolescent Needs and Strengths (CANS) (if results are available)
Date of CANS: _____
Child's Assessed Level of Need (LON): _____ Provider Level of Care (LOC): _____
Child/Provider Match: _____
Describe below: _____

2. Background Checks
☐ No adult in the home has background check information.
☐ An adult in the home has background check information.
When an adult in the home has background check information in his / her history, does the agency have concerns regarding that information?
☐ No concerns based on background information.
☐ Concerns based on background information.

3. Provider Relationship to the Child
☐ Yes ☐ No This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats.
Relative type: _____
☐ Yes ☐ No If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If "Yes", describe the previous existing relationship with the child, family or child and family.
If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).
Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

4. Placement Danger Threats
☐ Yes ☐ No Out-of-home care provider or others in the home are violent or out of control. If "Yes", describe.
☐ Yes ☐ No Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations. If "Yes", describe.
☐ Yes ☐ No Out-of-home care provider refuses access to the child or there is reason to believe that the placement family is about to flee. If "Yes", describe.
☐ Yes ☐ No Out-of-home care provider communicates or behaves in ways that suggest that she / he may fail to protect the child from serious harm or neglect.

18. To approve the CSE, in the Options drop-down (from any tab), select Approval and click Go. On the Approval History page, select the Approve radio button in the Approval Decision group box and click the Continue button to return to the Confirming Safe Environments – Foster Home – Licensed page. On the Confirming Safe Environments – Foster Home – Licensed page, click Save and Close.

eWiSACWIS TM Print Spell Check Help

General Information
Child: [Watermelon, Infant \(9224743\)](#) Provider: [Auntie Zeus \(9221625\)](#)
Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/31/2013 Placement End Date:

Confirming | Placement Danger Threats | Risk Assessment / Management

Confirming Safe Environments at the Initiation of Placement

Initial Placement Provider Contact: **02/01/2013** Initial Placement Home Visit: **02/03/2013** Subsequent Placement Home Visit: **02/07/2013**

Child & Adolescent Needs & Strengths (CANS) (if results are available)

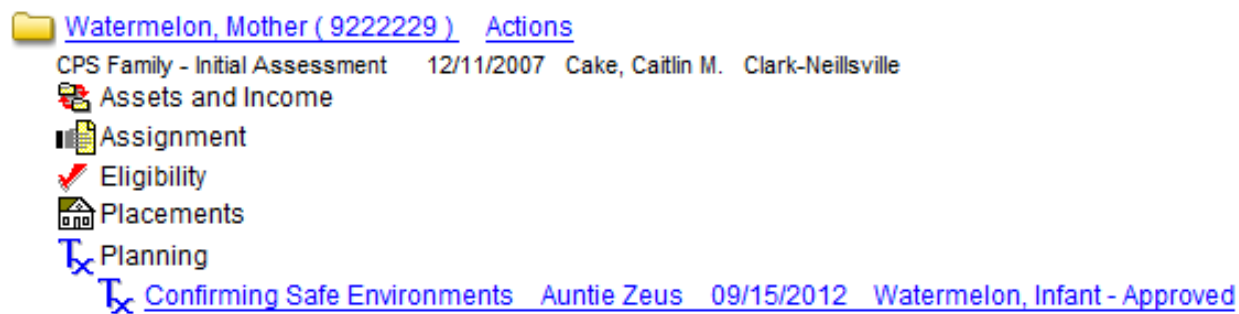
Child's Assessed Level of Need (LON): _____ Provider Level of Care (LOC): _____
Date of CANS: _____ Child/Provider Match: _____
Describe below: _____

Background Checks

An adult in the home has a criminal record (CCAP check): ☐ Yes ☐ No Date Completed: **00/00/0000**

Options: **Approval** **Go** **Save** **Close**

19. Once saved, a Confirming Safe Environments hyperlink will display under the Planning icon. Click the hyperlink to open the corresponding CSE.



Unlicensed Placement

1. When the Confirming Safe Environments – Foster Home – Unlicensed page opens, the General Information group box displays a hyperlink with the child's name and person ID, which launches the Person Management page for the child, and a hyperlink with the provider's name and provider ID, which launches the related Home Provider page. The Type of Placement displays the Placement Setting and the Placement Begin Date and Placement End Date display the related fields from the associated Out of Home Placement. If the placement is currently open, the Placement End Date field is blank.
2. The first tab of the Confirming Safe Environments – Foster Home – Unlicensed page is the Confirming tab. This tab displays general information about the child's placement, and records information on contact and provider home visits, CANS, background checks, the provider's relationship to the child, and knowledge and skills of the placement provider. In the Confirming Safe Environments at the Initiation of the Placement group box, enter the appropriate Initial Placement Provider Contact, Initial Placement Home Visit, and Subsequent Placement Home Visit dates.
3. The Child & Adolescent Needs & Strengths (CANS) group box will pre-fill from the CANS associated with the placement (if results are available).

Confirming Safe Environments - Foster Home - Unlicensed - Windows Internet Explorer

eWiSACWIS

TM Print Spell Check Help

General Information

Child: [Superhero, Baby-Boy \(9223498\)](#) Provider: [Provolone Cheese \(9221634\)](#)

Type of Placement: Non-Relative-Unlicensed Placement Begin Date: 01/31/2013 Placement End Date:

Confirming Placement Danger Threats Risk Assessment / Management

Confirming Safe Environments at the Initiation of Placement

Initial Placement Provider Contact: 02/03/2014 Initial Placement Home Visit: 00/00/0000 Subsequent Placement Home Visit: 00/00/0000

Child & Adolescent Needs & Strengths (CANS) (if results are available)

Child's Assessed Level of Need (LON): 1/2 Provider Level of Care (LOC): N/A [View CANS](#)

Date of CANS: 01/31/2013 Child/Provider Match:

Describe below:

[More...](#) [Less...](#) [Default](#)

Background Checks

As adult in the home has a criminal record (CCAP check): ☐ Yes ☐ No Date Completed: 00/00/0000

Options:

100%

4. In the Background Checks group box, select the Yes or No radio button for each of the questions and enter the appropriate date in the associated Date Completed field.
5. If Yes is selected, enter a narrative in the required Results and “Describe and justify why this caregiver is able to provide safe, stable care for this child.” text fields displayed.
6. Select the Yes or No radio button to indicate if “An adult in the home has background check information.” If Yes is selected, then select the appropriate radio button to indicate whether there are concerns based on the background information.

Background Checks

An adult in the home has a criminal record (CCAP check): ☒ Yes ☐ No

Date Completed: 00/00/0000

Results: [Consolidated Court Automation Programs \(CCAP\)](#)

[More...](#) [Less...](#) [Default](#)

Describe and justify why this caregiver is able to provide safe, stable care for this child.

[More...](#) [Less...](#) [Default](#)

An adult in the home is listed on the Reverse Address Sex Offender Registry: ☐ Yes ☐ No

Date Completed: 00/00/0000

[Sex Offender Address Check](#)

An adult in the home has Child Protective Services involvement (CPS check): ☐ Yes ☐ No

Date Completed: 00/00/0000

An adult in the home has background check information: ☐ Yes ☐ No

7. In the Provider Relationship to the Child group box, select the Yes or No radio button to the question. If Yes is selected, two drop-downs are displayed to indicate the relative type. The first drop-down is not required, but the second drop-down is required.

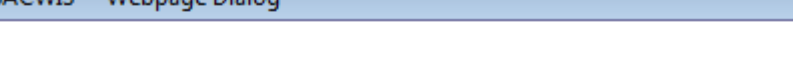
The screenshot shows a web browser window titled "Confirming Safe Environments - Foster Home - Unlicensed - Windows Internet Explorer". The application is "eWiSACWIS". The "General Information" section displays: Child: [Superhero_Baby-Boy \(9223498\)](#), Provider: [Provolone Cheese \(9221634\)](#), Type of Placement: Non-Relative-Unlicensed, Placement Begin Date: 01/31/2013, and Placement End Date: . Below this is a tabbed interface with "Confirming", "Placement Danger Threats", and "Risk Assessment / Management". The "Confirming" tab is active, showing the "Provider Relationship to the Child" section. It contains a question: "This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats." with radio buttons for "Yes" (selected) and "No". Below this are two drop-down menus for "Relative Type". A text area follows with the instruction: "If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home)." Below the text area are links "More...", "Less...", and "Default". Another text area follows with the instruction: "Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home)." Below this are links "More...", "Less...", and "Default". At the bottom of the "Confirming" tab is the "Knowledge and Skills of Placement Provider" section, which has an "Options:" label and a drop-down menu. "Save" and "Close" buttons are at the bottom right of the form.

If No is selected, then an additional question is displayed with Yes and No radio buttons.

This screenshot shows the "Provider Relationship to the Child" section with the "No" radio button selected. The question "This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats." is followed by "Yes" and "No" radio buttons, with "No" selected. Below this is a question: "If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If 'Yes', describe the previous existing relationship with the child, family or child and family." with "Yes" and "No" radio buttons, and "No" is selected. This is followed by a text area with the instruction: "If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home)." Below the text area are links "More...", "Less...", and "Default". Another text area follows with the instruction: "Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home)." Below this are links "More...", "Less...", and "Default".

8. Enter appropriate narrative in the required text fields.
9. In the Knowledge and Skills of Placement Provider group box, select the Yes or No radio for the question.

11. A message will display on the first instance a Yes is selected on the Placement Danger Threats tab. Click the Close button to close the message.



eWiSACWIS -- Webpage Dialog

You have selected "Yes" to one or more placement danger threats. The child is unsafe in the environment and another placement should be pursued.

Close

12. When one or more placement danger threat has been selected on the page, select either Yes or No for the question, “The court continued placement despite an identified Placement Danger Threat. If Yes, describe the plan to ensure a safe environment for the child.” If Yes is selected, enter narrative in the associated text box.

Out-of-home care provider will not enforce restrictions required by the protective, family interaction or safety plan (if “Yes”, describe). ☒ Yes ☐ No

[Details](#)

[More...](#) [Less...](#) [Default](#)

A Placement Danger Threat has been selected above; please answer the following question.

The court continued placement despite an identified Placement Danger Threat. If “Yes”, describe the plan to ensure a safe environment for the child. ☒ Yes ☐ No

[More...](#) [Less...](#) [Default](#)

13. Click on the Risk Assessment/Management tab. Select the Yes or No radio button for each of the behaviors for other minors in the out-of-home placement. If Yes is selected for any of the behaviors, proceed to the Risk Management Plan section.

Confirming Safe Environments - Foster Home - Unlicensed - Windows Internet Explorer

eWiSACWIS TM Print Spell Check REC Help ?

General Information

Child: [Superhero, Baby-Boy \(9223498\)](#) Provider: [Provolone Cheese \(9221634\)](#)
Type of Placement: Non-Relative-Unlicensed Placement Begin Date: 01/31/2013 Placement End Date:

Confirming **Placement Danger Threats** **Risk Assessment / Management**

Other Minors in Out-of-Home Placement

Note: “Minors” include but are not limited to birth or adoptive children of the placement providers, other children in placement and children receiving day care services.

Do behaviors of other minors in the Out-of-Home Placement present a concern for this placement? (If “Yes” to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: Children are known to have a history of violence: ☒ Yes ☐ No

Describe below.

[More...](#) [Less...](#) [Default](#)

Sexually abusive behaviors: Children within the placement home are known to victimize other children physically or sexually: ☐ Yes ☒ No

Other behaviors: Children within the placement home have mental health, AODA or other behaviors (fire setting, etc.): ☐ Yes ☒ No

Do behaviors of this child present a concern for other minors in the Out-of-Home Placement? (If “Yes” to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: ☐ Yes ☒ No

Options:

100%

14. In the Risk Management Plan group box, check all the items that apply. If an item is checked, enter an appropriate description in the required narrative text field displayed.

Risk Management Plan

Check all that will be provided or will occur to manage risk.

☒ Additional or special training for placement providers:

Describe below.

☐ Additional contact by agency or other providers:

☐ Rearrange living environment:

☐ Closer supervision of children by caregivers:

☐ Additional house rules:

☐ Install special equipment (ramp, electrical generator, door alarm, etc.):

15. Click the Save button to save the information entered on the page.

16. To launch the associated CSE template, in the Options drop-down (from any tab), select Confirming Safe Environments (CSE). Click Go.

Confirming Safe Environments - Foster Home - Unlicensed - Windows Internet Explorer

eWiSACWIS TM Print Spell Check ABC Help ?

General Information

Child: [Superhero, Baby-Boy \(9223498\)](#) Provider: [Provolone Cheese \(9221634\)](#)

Type of Placement: Non-Relative-Unlicensed Placement Begin Date: 01/31/2013 Placement End Date:

Confirming Placement Danger Threats Risk Assessment / Management

Provider Relationship to the Child

This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats. ☐ Yes ☒ No

If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If "Yes", describe the previous existing relationship with the child, family or child and family. ☐ Yes ☐ No

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

Options: **Confirming Safe Environments** Go Save Close

100%

17. Click the Print icon to print the CSE template. Click the Close and Return to eWiSACWIS to close the CSE template and return to the CSE page.

9234094.0.rtf [Compatibility Mode] - Microsoft Word

File eWiSACWIS

Print Cut Copy Paste Zoom Spell Check Copy From Bookmarks Close and Return to eWiSACWIS

Confirming Safe Environments
Unlicensed Placements and Foster Care Placements

Name – Child (Last, First, Middle)
Superhero, Baby-Boy

Placement Information
Provolone Cheese, Non-Relative-Unlicensed, 01/31/2013

A. Confirming Safe Environments at the Initiation of Placement

Date - Initial Placement Provider Contact <u>02/01/2013</u>	Date - Initial Placement Home Visit <u>02/01/2013</u>	Date - Subsequent Placement Home Visit <u>02/06/2013</u>
--	--	---

1. Child and Adolescent Needs and Strengths (CANS) (if results are available)
Date of CANS

Child's Assessed Level of Need (LON)

Provider Level of Care (LOC)

Child / Provider Match

Describe below.

2. Background Checks
☐ No adult in the home has background check information.
☐ An adult in the home has background check information.
When an adult in the home has background check information in his / her history, does the agency have concerns regarding that information?
☐ No concerns based on background information.
☐ Concerns based on background information.

3. Provider Relationship to the Child
☐ Yes ☐ No This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats.
Relative type

☐ Yes ☐ No If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If "Yes", describe the previous existing relationship with the child, family or child and family.

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

4. Placement Danger Threats
☐ Yes ☐ No Out-of-home care provider or others in the home are violent or out of control. If "Yes", describe.

☐ Yes ☐ No Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations. If "Yes", describe.

☐ Yes ☐ No Out-of-home care provider refuses access to the child or there is reason to believe that the placement family is about to flee. If "Yes", describe.

☐ Yes ☐ No Out-of-home care provider communicates or behaves in ways that suggest that she / he may fail to protect the child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child. If "Yes", describe.

Page: 1 of 3 Words: 1,144 100%

18. To approve the CSE, in the Options drop-down (from any tab), select Approval and click Go. On the Approval History page, select the Approve radio button in the Approval Decision group box and click the Continue button to return to the Confirming Safe Environments – Foster Home – Unlicensed page. On the Confirming Safe Environments – Foster Home – Unlicensed page, click Save and Close.

19. Once saved, a Confirming Safe Environments hyperlink will display under the case outliner, Planning icon. Click the hyperlink to open the corresponding CSE.

[Superhero, Missus \(9221869 \)](#) [Actions](#)

CPS Family - Ongoing 05/09/2006 Dock, Darcy Milwaukee-Region 1 One West Wilson St , Apt.#B158. , Madison, WI 53702

Assets and Income

Assignment

Eligibility

Placements

Planning

[Confirming Safe Environments Kathy Kellogg 08/15/2012 Superhero, Baby-Boy - Approved](#)

Related People

Group Home or Residential Care Center (RCC) Placement

1. When the Confirming Safe Environments – Group Home / RCC page opens, the General Information group box displays a hyperlink with the child's name and person ID, which launches the Person Management page for the child, and a hyperlink with the provider's name and provider ID, which launches the related Private Provider page. The Type of Placement displays the Placement Setting and the Placement Begin Date and Placement End Date display the related fields from the associated Out of Home Placement. If the placement is currently open, the Placement End Date field is blank.
2. The first tab of the Confirming Safe Environments – Group Home / RCC page is the Confirming tab, which displays general information about the placement contact and CANS. In the Confirming Safe Environments at the Initiation of the Placement group box, enter the appropriate Initial Placement Contact date. The Child & Adolescent Needs & Strengths (CANS) group box will pre-fill from the CANS associated with the placement (if results are available).

Confirming Safe Environments - Group Home / RCC - Windows Internet Explorer

eWiSACWIS TM Print Spell Check REC Help ?

General Information
Child: [West, Child \(9225939\)](#) Provider: [Madison Group Home \(9221220\)](#)
Type of Placement: Group Home Placement Begin Date: 08/20/2012 Placement End Date:

Confirming Risk Assessment / Management

Confirming Safe Environments at the Initiation of Placement
Initial Placement Contact: 08/19/2012

Child & Adolescent Needs & Strengths (CANS) (if results are available)
Child's Assessed Level of Need (LON): Provider Level of Care (LOC):
Date of CANS: Child/Provider Match:
Describe the facility's capacity to meet the child's needs based on his/her assessed LON.

Options: Go Save Close

Done Local intranet | Protected Mode: Off 100%

3. Click on the Risk Assessment/Management tab. Select the Yes or No radio button for each of the behaviors for other minors in the out-of-home placement. If Yes is selected for any of the behaviors, proceed to the Risk Management Plan section.
4. In the Risk Management Plan group box, check all the items that apply. If an item is checked, enter an appropriate description in the required narrative text field displayed.

The screenshot shows a web browser window titled "Confirming Safe Environments - Group Home / RCC - Windows Internet Explorer". The application is "eWiSACWIS". The top navigation bar includes links for "TM", "Print", "Spell Check", and "Help".

General Information

Child: [West, Child \(9225939\)](#) Provider: [Madison Group Home \(9221220\)](#)
Type of Placement: Group Home Placement Begin Date: 08/20/2012 Placement End Date:

Confirming | **Risk Assessment / Management**

Other behaviors: Children within the placement have mental health, AODA or other behaviors (fire settings, etc.): ☐ Yes ☐ No

Do behaviors of this child present a concern for other minors placed in this facility? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: ☒ Yes ☐ No

Sexually abusive behaviors: ☐ Yes ☒ No

Other behaviors (mental health or AODA issues, fire settings, etc.): ☒ Yes ☐ No

Risk Management Plan

Check all that will be provided or will occur to manage risk.

☒ Additional or special training for placement providers:
Describe below.

☐ Additional contact by agency or other providers:

☐ Decrease risk equipment:

Options:

Done

Local intranet | Protected Mode: Off 100%

- To launch the associated CSE template, in the Options drop-down (from any tab), select Confirming Safe Environments (CSE). Click Go.

The screenshot shows the eWiSACWIS web application in a Windows Internet Explorer browser. The page title is "Confirming Safe Environments - Group Home / RCC - Windows Internet Explorer". The application header includes the eWiSACWIS logo and navigation links: TM, Print, Spell Check, and Help. The main content area is divided into two tabs: "Confirming" (selected) and "Risk Assessment / Management".

General Information

Child: [West_Child \(9225939\)](#) Provider: [Madison Group Home \(9221220\)](#)
 Type of Placement: Group Home Placement Begin Date: 08/20/2012 Placement End Date:

Confirming Safe Environments at the Initiation of Placement

Initial Placement Contact: 08/19/2012

Child & Adolescent Needs & Strengths (CANS) (if results are available)

Child's Assessed Level of Need (LON): Provider Level of Care (LOC):
 Date of CANS: Child/Provider Match:

Describe the facility's capacity to meet the child's needs based on his/her assessed LON.

Options: **Confirming Safe Environments (CSE)** Go Save Close

The status bar at the bottom indicates "Done", "Local intranet | Protected Mode: Off", and a zoom level of "100%".

- Click the Print icon to print the CSE template. Click the Close and Return to eWiSACWIS to close the CSE template and return to the CSE page.

The screenshot shows a printed version of the "Confirming Safe Environments" form, titled "Confirming Safe Environments Group Home and Residential Care Center". The form is displayed within a Microsoft Word window titled "9233483.0.rtf [Compatibility Mode] - Microsoft Word".

**Confirming Safe Environments
Group Home and Residential Care Center**

Name -- Child (Last, First, Middle)
 West_Child

Placement Information
 Madison Group Home, Group Home, 08/20/2012

A. Confirming Safe Environments at the Initiation of Placement

Initial Placement Contact Date
 08/19/2012

Child and Adolescent Needs and Strengths (CANS) (if results are available)
 Date of CANS

Child's Assessed Level of Need (LON) Provider Level of Care (LOC)
 Child/Provider Match

Describe the facility's capacity to meet the child's needs based on his/her assessed LON.

B. Other Minors in Out-of-Home Placement

a. Do behaviors of other minors in the Out-of-Home Placement present a concern for this child? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes No

☒ ☐ Aggressive behaviors. Children are known to have a history of violence.

☒ ☐ Sexually abusive behaviors. Children within the placement are known to victimize other children physically or sexually.

☒ ☐ Other behaviors. Children within the placement have mental health, AODA or other behaviors (fire settings, etc.).

b. Do behaviors of this child present a concern for other minors placed in this facility? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes No

☒ ☐ Aggressive behaviors.

☒ ☐ Sexually abusive behaviors.

☒ ☐ Other behaviors (mental health or AODA issues, fire settings, etc.).

C. Risk Management Plan

Check all that will be provided or will occur to manage risk.

☒ Additional or special training for placement providers. Describe below.

7. To approve the CSE, in the Options drop-down (from any tab), select Approval and click Go. On the Approval History page, select the Approve radio button in the Approval Decision group box and click the Continue button to return to the Confirming Safe Environments – Group Home / RCC page. On the Confirming Safe Environments – Group Home / RCC page, click Save and Close.

Confirming Safe Environments - Group Home / RCC - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

General Information

Child: [West, Child \(9225939\)](#) Provider: [Madison Group Home \(9221220\)](#)
 Type of Placement: Group Home Placement Begin Date: 08/20/2012 Placement End Date:

Confirming Risk Assessment / Management

Confirming Safe Environments at the Initiation of Placement

Initial Placement Contact: 08/19/2012

Child & Adolescent Needs & Strengths (CANS) (if results are available)

Child's Assessed Level of Need (LON): Provider Level of Care (LOC):
 Date of CANS: Child/Provider Match:

Describe the facility's capacity to meet the child's needs based on his/her assessed LON.

Options: **Approval** Go Save Close

Done Local intranet | Protected Mode: Off 100%

8. Once saved, a Confirming Safe Environments hyperlink will display under the case outliner, Planning icon. Click the hyperlink to open the corresponding CSE.

West, Mom (9222702) Actions

CPS Family - Initial Assessment 06/03/2010 Cake, Caitlin M. Milwaukee-Region 1

- Assessment
- Assets and Income
- Assignment
- Eligibility
- Placements
- Planning
- [Confirming Safe Environments](#) [Madison Group Home](#) 08/20/2012 [West, Child - Approved](#)
- Related People